

Indiana Department of Labor 402 West Washington Street, Room W195 Indianapolis, IN 46204

COMMON CONSTRUCTION WAGE COMPLAINT -- PROJECT DATA SHEET

Please complete a Employee/Complainant		Employer/Contractor Name:
Employee/Complainant	name.	Employer/Contractor Name.
Employee Address:		Employer Address:
Employee Address.		Employer Address.
Phone Number:		Phone Number:
Type of Projec	t (check one):	
,	,	
Building (S	pecify the Name and	Address Where Work Performed)
Street	Highway	Sidewalk (give Location and Type of Work)
	Sower Line	Other (Checity):
For the above p		ne, location and type of work performed . ossible.
For the above p	project, specify name h information as po	ne, location and type of work performed . ossible.
For the above p	project, specify name	ne, location and type of work performed . ossible.
For the above perovide as much	oroject, specify name information as posterior as posteri	ne, location and type of work performed . ossible. County
For the above perovide as much	oroject, specify name information as posterior as posteri	ne, location and type of work performed . ossible.
For the above perovide as much	oroject, specify name has possible information as possible cated in: City _ this project ? (i.e.,	ne, location and type of work performed . ossible. County

Give a detail description of work you performed on this project:
Did others perform the same work? If so, who?
Your hourly rate of pay on this project: \$ per
Were you paid a different rate of pay for jobs that are not public works? If yes, what wa that rate of pay? \$ per
What type of fringe benefits did you receive (health insurance, 401(k), etc.):
Were you an apprentice during this project?
Are you still employed with this company ?
Was your employer the general contractor or subcontractor ?
If subcontractor, list the name, complete address and telephone number of the general contractor:
IMPORTANT READ All information given on this form will remain confidential. Your complaint will be expedited if you provide a copy of the public works scale for this project. If you worked on more than one project, make a copy of this form and complete one form for each project. Our office will not be able to investigate your compliant if we do not receive the proper information requested on this form.
** Indiana law provides for a two (2) year statute of limitation for actions based on wages. If your claim is
close to the two (2) year statute, you may want to contact an attorney to expedite your complaint. The filing of this complaint does not in anyway extend the two (2) year statute of limitations.
I believe I was not paid in accordance with the common construction wage scale established for the abovementioned project.
Signature of Complainant
 Date